



Standard Administrative Policy and Procedures Manual

Title: **HUMAN RESOURCES POLICY**
Section: **DONATED LEAVE POLICY**

Date of Version: **OCTOBER 5, 2015**
Resolution No.: **2015-400**

POLICY STATEMENT:

The City of Ankeny recognizes that an employee or immediate family member may suffer from a catastrophic illness or injury resulting in circumstances where the employee lacks sufficient paid leave time to care for themselves or a family member. The City will allow employees an opportunity to donate accumulated leave to an employee who has exhausted all forms of paid leave for which the employee was eligible. This policy is strictly voluntary and for the sole purpose to assist employees who have a personal or family catastrophic illness or injury. An employee may not directly or indirectly intimidate, threaten, or coerce any other employee or interfere with any right that employee may have with respect to donating, receiving, or using available leave. Such acts of coercion will be the basis for taking disciplinary actions. The City Manager has the authority to grant exceptions to this policy by modifying or waiving any provision pertaining to eligibility or procedure. This will only be given consideration upon a joint recommendation by the appropriate department director and Human Resources Director.

APPLICABILITY:

All regular full-time or regular part-time employees who have been employed for at least twelve (12) months are eligible to receive or donate leave as described below. If an alternative procedure has been negotiated in an applicable labor contract that contract provision shall supersede this policy.

DEFINITIONS:

Catastrophic illness or injury is a serious, debilitating illness or injury that is expected to incapacitate the employee or immediate family member for an extended period of time. Chronic conditions associated with the debilitating illness or injury that result in intermittent absences from work may be considered catastrophic (i.e. cancer, AIDS, residual effects of a stroke, etc.)

Immediate family member for purposes of this policy is defined as a spouse, child, or parent. This includes a step-child or step-parent.

Donated leave is the permanent transfer of accrued leave to a recipient employee's donated leave bank. Donated leave must come from vacation, personal, or paid time off (PTO) leave. Donation of compensatory time, medical leave bank, or sick leave will not be allowed.

Recipient employee is an employee whose request for donated leave has been approved by the Human Resources Director and City Manager. The employee must have used all forms of paid leave including available sick leave, vacation, personal time, PTO, medical leave bank and compensatory time for which they are eligible; be absent from work for a minimum of two weeks due to a catastrophic illness or injury for themselves or immediate family member; and be unable to return to work due to same.

PROCEDURES:

A. Requesting Donated Leave

1. An employee requesting donated leave is required to complete a Request to Receive Donated Leave Form and submit it to the employee's department director. The request should explain the nature and extent of the catastrophic illness or injury. This form will then be forwarded to Human Resources to be approved by the Human Resources Director and the City Manager. False statement or other misrepresentations made in connection with an employee's request may be cause for: disqualification from the program; disciplinary action, up to and including termination; and liability for the amount of leave dishonestly gained.
2. The City will review the employee's form and notify the employee of the approval or disapproval within 10 working days after receipt.
3. If the request is approved, a notice will be sent by Human Resources to all employees stating that a fellow employee is in need of assistance and all employees will be given the chance to make a donation on the Request to Donate Leave Form provided by Human Resources. The employees will be able to donate their leave time for a period of ten (10) working days. To protect the privacy of the requesting employee's medical condition, only the employee's name and a statement that the employee has been approved to receive donated time due to a catastrophic illness for themselves or an immediate family member will be released.
4. An employee may not receive donated leave in excess of 480 hours within a rolling twelve month period.
5. Recipient employee whose anniversary date allows him/her to accrue additional vacation time, or who is accruing PTO per pay period, will be

allowed to maintain a balance of no more than one week while receiving donated leave.

6. The recipient employee will earn service credit toward retirement and seniority while using donated leave in the same manner as other paid leave time.
7. Donated leave for a catastrophic illness or injury cannot be used retroactively for a previous unpaid absence.
8. Donated leave may not be used to extend a date of retirement.
9. Donated leave time is subject to the recipient employee's normal payroll deductions and are subject to all taxes as required by law. When FMLA leave and donated leave are used concurrently, the City is obligated to pay its share of health and dental insurance as long as the employee continues his/her share of the premium.
10. Employees may choose to continue or terminate their optional deductions while using donated leave hours. Mandatory deductions are taken from gross pay first, then optional deductions as funds are available and authorized by the employee.

B. Making a Leave Donation

1. Donating leave to another employee for a catastrophic illness or injury is on a strictly voluntary basis. No employee shall be coerced, threatened, intimidated, or financially induced into donating paid leave time to any employee.
2. The donor will remain anonymous unless the donor chooses otherwise.
3. Persons involved in the administration of this program are responsible for guarding the privacy of the participants.
4. Each donation must be directed to a specific eligible employee for whom a request has been made.
5. The donor employee must complete the Request to Donate Leave Form and submit it to the Human Resources Director.

C. Donated Leave Bank

1. Donated leave may be given in one (1) hour increments up to a maximum of twenty-four (24) hours per request. Donated leave may only come from vacation, personal, or PTO accruals.

2. Donated time will be deducted from the donating employee's accrued leave time bank(s) at the next payroll process. Once the leave is transferred it is irrevocable.
3. Donations are not tax deductible for the donating employee.
4. All donated time will be converted to dollars based on the donating employee's current hourly rate of pay. These dollars will be pooled together to create a Donated Leave Bank to be used by the eligible employee.

Example: Employee Jane Smith donates 16 hours of vacation, at the rate of \$20 an hour. $(16 \times \$20) = \320 donated; total pool equals \$12,000; eligible employee John Smith, has a pay rate of \$15 an hour and he needs 80 hours for this pay cycle. $(\$12,000 - (\$15 \times 80)) = (\$12,000 - \$1,200) = \$10,800$ pooled funds remaining.

5. Donated leave will be transferred from the Donated Leave Bank to the recipient as needed to complete the standard work hours for a pay period.
6. If the eligible employee is no longer in need of donated leave, due to returning to work, retirement, termination of employment, or being eligible for other coverage, the unused pool of funds will be calculated and returned to those employees who had donated time.
7. Returned hours will be calculated based on the percentage of dollars contributed by the donating employee to the total donated. That percentage will be applied to the unused total, then allocated back to the donating employee. These funds will then be converted back to the donated time's type (vacation, personal or PTO) and donating hourly rate and applied back to the donating employee's leave accrual rounded to the nearest quarter hour.

Example: Jane Smith donated 16 hours of vacation for \$320 or 2.7% of the total pool of \$12,000 $(320/\$12,000)$. The unused pool amount left is \$2,400. Jane Smith's percentage of the unused pool is $(\$2,400 \times 2.7\%) = \64.80 . Jane's donating rate of pay was \$20 an hour and her returned vacation would be 3.25 hours $(\$64.80/\$20)$.

**CITY OF ANKENY
REQUEST TO RECEIVE DONATED LEAVE FORM
FOR A CATASTROPHIC ILLNESS/INJURY**

Employee Name		Emp. No.	
Job Title			
Department/Division		Home # Cell #:	
Request is for:	<input type="checkbox"/> Catastrophic Illness – Self	<input type="checkbox"/> Catastrophic Illness – Spouse, Child, Parent	
Date Illness/Injury Began:		Anticipated Duration:	
Describe the Nature of Illness/Injury:			

I hereby certify that I have read and understand the City of Ankeny Donated Leave Policy. I understand that to be eligible for the donated leave, I must have exhausted all available paid leave and have been absent from work for a minimum of two weeks due to the catastrophic illness or injury for myself or a member of my immediate family. I understand that compensation received under the Donated Leave Policy is considered taxable income. I authorize the City of Ankeny to disclose my name in soliciting donations on my behalf.

Requested by: _____
Employee Signature Date

I hereby certify that, to the best of my knowledge, the above information is accurate:

Forwarded by: _____
Department Director Date

Approved by: _____
Human Resources Director Date

Approved by: _____
City Manager Date

For Human Resources Use Only:

Current Leave Balances:	Hourly Rate:	
	Total Hours Donated:	
Date Paid Time will Exhaust:	Total Hours Used:	

**CITY OF ANKENY
REQUEST TO DONATE LEAVE FORM
FOR A CATASTROPHIC ILLNESS/INJURY**

Employee Full Name		Emp. No.	
Job Title			
Department/Division			

Number of hours you are donating (donations may be made in 1 hour increments up to a maximum of 24 hours):

_____ Vacation Hours

_____ Personal Hours

_____ PTO Hours – for police officers only

I am donating my hours to: _____

I understand my earned vacation, personal, and/or paid time off (PTO) balance will be decreased by the hours I am donating and that my vacation, personal, and/or PTO donation shall be irrevocably credited to the Donated Leave Bank. Any dollars remaining in the fund will be returned to me based on the percentage of dollars I contributed to the total donated.

Requested by: _____
Employee Signature Date

Approved by: _____
Human Resources Director Date

For Human Resources Use Only:

Leave balance as of:	Hourly Rate:	
By: (HR personnel)	Total Hours Donated:	
_____ - _____ = _____ (Current Hrs - Donated Hrs = New Hrs Balance)	Total Wage Donated:	